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DOES SOCIAL ANXIETY INCREASE WITH AGE?

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One of the impressions in the literature on children's social anxiety is that young (preadolescent) children are not socially anxious and that social anxiety begins to manifest itself at adolescence and then increases with age. However there seems to be little direct research evidence to substantiate this claim. A questionnaire to assess feared outcomes in children and adolescents was therefore administered to 1415 children between the ages of 6 and 16 years. The results showed that worry about social threat did not increase with age and the content of the feared social outcomes also remained relatively constant over the age span.

Childhood anxiety has been an under studied area until recently. Although the content of children's fears has been researched for the last one hundred years (Gullone, 1992), because the stimulus content of fear changes with age, it has often been assumed that childhood anxiety is transient. However recent epidemiological studies have found the incidence of anxiety disorders to be the most prevalent psychological disorder in children (Anderson, Williams, McGee & Silva, 1987; Kashani & Orvaschel, 1990, similar to adults (Myers, et al., 1984; Regier, et al., 1984). However anxiety in children and adolescents, despite the recent increase in research, still seems to go mainly undetected in schools, especially in early childhood. Perhaps this is understandable because anxiety as an internalising disorder affects only the individual child and the family, in contrast to externalising disorders which often involve whole classes and schools as well as the individual child.

There also seems to be an assumption that social anxiety begins at adolescence and therefore young children are not socially anxious. In adults it has been shown that the frequency of worry over feared stimuli or outcomes is greater for social fears than for physical fears (Manosevitz & Lanyon, 1965; Rothstein & Boblitt, 1970; Lovibond & Rapee, 1993), whereas in children, using self-reporting measures, physical fears predominate (Ollendick, 1983; Campbell & Rapee, 1994). It would seem reasonable therefore to assume that social fears must increase over the years, especially at adolescence until the balance of social to physical fears is reversed for adults.

This is certainly the impression many developmental reviews impart (Wenar, 1990; Kashani, Dandoy & Orvaschel, 1991). Younger children are purported to be more concerned with school related fears while older children and adolescents are more concerned with social relations (Angelino, Dollins & Mech, 1956; Croake, 1969). King, Gullone and Tonge (1991) report that at about 6 to 10 years of age, fears of bodily injury and achievement become prevalent and at about 11 years of age fears of test and examinations in school, physical appearance and social comparison become more evident.

Ferrari (1986) in a comprehensive review of research on developmental changes in children's fears notes that while most recent studies have generally confirmed a decline in the number of fears with age, there is also a change in the type of fear with age. Studies reviewed point to a lessening of fears of strangers, imaginary creatures and animals and a greater concern with interpersonal relationships and nuclear war.

Most of this research on what children are afraid of and worry about has used self-report instruments focusing on stimulus items. The most widely used self-report questionnaire is the Fear Survey Schedule for Children-Revised (FSSC-R; Ollendick, 1983). The original FSSC (Scherer & Nakamura, 1968) was revised by Ollendick and found to have 5 factors. Factor 1 'Fear of Failure and Criticism' Ollendick

maintained, was social-evaluative in nature, and is therefore taken as a measure of social anxiety.

Ollendick (1983, 1987) reported trends suggesting that younger children report more fear of minor injuries, small animals and the unknown, whereas older children indicate more fear of failure and criticism. In an Australian study King et al., (1989) administered the FSSC-R to 3118 children and adolescents in regular primary and secondary schools in Victoria. Factor 1 'Fear of Failure and Criticism' scores were claimed to be significantly different across the 8 to 16 year age range. When reporting frequency of fears, (defined as the number of fears endorsed as ‘a lot’), the authors commented that fears decreased with age except for an increase at age 14 to 15 years. This increase was shown in a number for items, such as having to talk to the class, having to sing or put on a play, taking a test, failing a test and poor grades, items that are part of the 'Fear of Failure and Criticism' factor.

In a revision of the FSSC-R to update the item content and to broaden the age range to 7 -18 years, Gullone and King (1992) found that different items loaded on the Fear of Failure and Criticism factor for different age groups. For the younger group the stimulus items were school related while for the older group the factor also included items such as 'my parents criticising me', 'getting punished by my dad' and 'losing my friends'. This difference was interpreted as indicating that older children and adolescents are more concerned with social relations.

In another Australian study conducted by Slee and Cross (1989) to ascertain developmental changes in the number and types of fears, it was found in children aged between 4 and 19 years, that the total number of fears decreased with age and also that animal and supernatural fears in the youngest age group gave way to social fears and fear of war in the older age brackets.

Perhaps the perception that social anxiety increases with age has come about because social phobias are reported by adults (retrospectively) to have their onset in adolescence whereas simple phobias, such as fear of animals appear in early childhood (Marks & Gelder, 1966; Strauss & Last, 1993). This has led some writers to claim that therefore the manifestation of abnormal anxiety appears to parallel the expected developmental sequence of normal anxiety (Gittleman, 1985). In contrast much of the work on temperament and shyness has shown extreme shyness or behavioural inhibition to be a relatively stable trait from early childhood (Kagan, Reznick, Clarke, Snidman & Garcia-ColI, 1984; Kagan, Resnick & Gibbons, 1989; Cohen & Brook, 1987).

Although there have been no published studies specifically focussing on age and Factor 1 scores of the FSSC-R, and indeed most of the studies do not comment on these results, careful examination of the data shows that, contrary to claims, most other studies using FSSC-R have reported no age differences in Factor 1 scores in regular school children (Ollendick, Matson & Helsel, 1985; Ollendick, 1987), hearing impaired children (King, Mulhall & Gullone, 1989), visually impaired children (King, Gullone & Stafford, 1990), or anxious children (Strauss & Last, 1993). In fact two studies report a slight decrease in social fears. In a 1989 study Ollendick, King and Frary using 1185 children found a slight decrease in social fears as did Stevenson, Batten and Cherner (1992) as measured by Factor 1 scores on the FSSC-R. Even in the previously cited King et al (1989) study the scores on Factor 1 (although significant at $p<.0l$) did not show a linear increase: 8-10 year olds scored an average of 31.6, 11-13 year olds an average of 32.0 and 14-16 year olds an average of 31.4.

Other studies using different measures also seem to contradict the accepted view that social anxiety increases with age. Using a different self-report instrument La Greca, Dandes, Wick, Shaw and Stone (1988) administered the Social Anxiety Scale for Children (SASC) to a sample of 287 Grade 2 to Grade 6 boys and girls. Children in the lower grades reported more total social anxiety than those in the middle and upper grades. Shepherd, Oppenheim and Mitchell (1971) found that fears of animals and of the dark declined between ages 5-15, but shyness of other children or of adults did not decline.

One way to try to resolve this problem could be to use outcome measures of worry rather than stimulus

measures. Information processing models such as Beck and Clark (1988) and Lang (1979), emphasise that the response to threat is an integral part of the anxiety response. They contend that it is not necessarily the stimulus, per se, which elicits the fear but the expected outcome triggered by that stimulus. An example Lang (1979) uses is that obsessive patients who repeatedly check the gas or lock the door are not terrorised by gas valves or doorknobs (the stimulus) but by the anticipation of harmful consequences (outcomes) associated with these stimuli. Anticipatory anxiety therefore results from a perceived contingency between a momentary situation and its perceived consequences. Therefore in a threatening setting, the individual does not primarily react to the concrete situational elements but rather to the interpreted aversive qualities of consequences that are expected to emanate from this situation (Stattin, Magnusson, Olah, Kassin & Reddy, 1991).

Furthermore, measures which examine feared outcomes may provide a more accurate self-report from children as it has been shown children, even as old as 12 years, have difficulty conceptualising possible outcomes from a threatening situation (Stattin, 1984). Sometimes the children stated the reason for their anxiety in terms of the situational cause, for example a dog, rather than the effect produced eg. physical injury. Children might therefore respond more accurately on a self-report measure if the expected outcomes are clearly spelled out rather than the stimulus alone. Outcome measures of worry have been used with adults, where it was found that negative outcomes were organised in terms of two distinct factors: physical concerns and social concerns (Lovibond & Rapee, 1993). Similar results have been reported in a study using adolescents (aged 12 to 18 years) in which three clusters emerged; physical threat, interpersonal threat, and personal consequences (Stattin et al., 1991). This study provided evidence for the value of identifying feared outcome factors by demonstrating that scores on specific factors accounted for more variance in situational anxiety than did scores on a measure of trait anxiety.

Outcome measures are also not as subject to age changes as stimulus measures. For example, the stimulus item 'playing rough games' would only apply to children, while 'asking someone for a date' would be more applicable to adolescents. However outcome items such as 'being physically injured' or 'looking foolish' are not as age specific. Thus outcome items may be very useful in developmental research on children's anxiety.

However outcome measures of child anxiety are scarce. Simon and Ward (1974) designed a questionnaire for secondary school pupils which seems to be composed primarily of outcome items. Two Worry List Questionnaires (WLQa and WLQb) were constructed of the same 100 items. From a sample of eleven items cited, 10 were outcome measure such as do you worry about failing a test, losing your friends or dying. One outcome worry questionnaire that has been developed is the Child and Adolescent Worry Scale (CAWS) (Campbell & Rapee, 1994). It has been shown to have two factors, similar to adult outcome worry measures (Lovibond & Rapee, 1993). Factor 1 contains 10 items characterised by worries related to death, pain and physical injury, called Physical Threat. Factor 2 contains 11 items characterised by worries related to social embarrassment, loneliness and perfectionism, called Social Threat. Items, as far as possible, are terminal outcome events, rather than antecedent stimuli or mediating events. The distinction however between some mediating events and outcome events is difficult to make. The CAWS has been shown to have good internal consistency and moderate to strong test-retest reliability. The validity of the social scale has been shown by Factor 2 correlating significantly more than the physical scale with Factor 1 of the FSSC-R (Campbell & Rapee, 1994). The CAWS has face validity with questions such as how much do you worry about being laughed at, looking silly and being left out. The scale was also developed specifically for children and was not an adaptation of an adult version of a worry measure.

The present study therefore examined if there are age differences in children and adolescents for social anxiety as measured by a feared outcome scale and if intensities of different feared outcomes change over childhood and adolescence.

Method

Subjects

The subjects were 1291 school children aged between 6 to 16 years. The mean age was 11.4 years (S.D. = 2.4). Six hundred and eighty (52.5%) were female and 611 (47.3%) were male. Two groups were drawn from schools in a large city in Australia, 4 primary schools (N=575) and 3 high schools (N =456) with a third group being drawn randomly from the community (N=260). All children were enrolled in regular classrooms in Queensland. Positive parental permission was obtained for each participant.

Materials

The Child and Adolescent Worry Scale (CAWS) is a 31 item scale of negative outcomes which children could worry about. The instructions ask children to indicate how much they worry about each item on a three-point Likert scale (0 = 'none' to 2 = 'a lot'). The scale is aided by a graphic at the top of each page which depicts a smiling face, a slightly worried face, and a very worried face representing each score. The scale has been shown to have two factors (Campbell & Rapee, 1994). Factor 1 is defined by items characterised by worries related to death, pain and physical injury and has been labelled Physical Threat. Factor 2 is characterised by worries related to social embarrassment, loneliness and perfectionism and has been labelled Social Threat. Internal consistency of the scale has been reported to be 0.92 for the Physical scale, which contains 9 items and 0.84 for the Social scale which contains 11 items. The CAWS has a high test-retest reliability over seven days and a moderate to strong reliability over a three month interval. The CAWS has also been shown to have adequate validity correlating positively with the FSSC-R, the RCMAS and the STAIC (Campbell & Rapee, 1994).

Procedure

In the school situations the investigator was introduced to each class by the regular classroom teacher. Directions were given after the questionnaire was handed out. Children were instructed to read each item, then place a tick in the column which indicated their level of worry. Any questions were answered by the researcher. For children drawn randomly from the community, questionnaires were sent through the mail and parents were asked to ensure that they were completed by the children independently.

Results

Social Scale

Two 2 (sex) x 3 (age) univariate ANOVAs were computed on the social scale of the CAWS. There was a significant main effect for sex $F(1,1289)=60.00, p<.00l$ but not for age $F(2,1288)=1.15$, n.s. (See Table 1).

Table 1. Mean Scores on Social Scale by Age and Sex

Age	Male (N=611)	Female (N=680)	Total (N=1291)
6-9 years (N=319)	7.7 (4.6)	9.2 (4.6)	8.5 (4.7)
10-11 years (N=523	7.0 (4.7)	9.0 (5.4)	8.1 (5.2)
12-16 years (N=449)	6.6 (4.6)	9.3 (5.2)	8.0 (5.1)
Total	7.0 (4.6)	9.1 (5.1)	8.1 (5.0)

Item analysis

Means of items on the social scale were analysed to see if any pattern of age differences emerged. Five items were significantly affected by age; 'people being nasty to you', 'not having anyone to play with', 'being teased', and being criticised all decreased with age, while 'not looking good' was the only item to increase with age. The other six items were similar across the age groups (See Table 2).

Table 2 Item scores by age

	6-9 years (N=319)	10-11 years (N=523)	12-15 years (N=449)
1. being laughed at	0.77	0.76	0.78
4. being left out	0.96a	0.85a	0.92
7. coming last in a race	0.43	0.41	0.44
9. being lonely	0.85	0.76	0.78
11.making a mistake	0.70	0.72a	0.62a
16.no-one to play with	0.78a	0.67b	0.55c**
17.people being nasty	0.94a	0.82b	0.74b**
19.being teased	0.87a	0.79b	0.74b*
22.not looking good	0.60a	0.74b	0.85c**
27.being criticised	0.87a	0.78b	0.74b*
29.looking silly	0.72	0.76	0.80

* p<.05 **p<..01 a - Groups with different subscripts are significantly different at the .05 level

Factor analysis

Factorial invariance, referring to the similarity of constancy of a dimension as one moves across important subject parameters (Arrindel, Emmelkamp & van der Ende, 1984) was explored across age. Factorial invariance for Factor 2 across age was shown (See Table 3).

Table 3 Factorial invariance for Factor 2 (social threat) across age

Age	Eigenvalue	Percent
6-9 years	3.0	9.8
10-11 years	3.8	12.2
12-16 years	3.7	11.9

Table 4 shows there were only two items out of the 16 which did not load on factor 2 (social threat) for all age groups. These were 'being late for school' which did not load on the social threat factor for adolescents and the item 'being hurt' which loaded on factor 2 for the younger children only.

Table 4 Items which loaded on Factor 2 for different age groups

Item	6-9	10-11	12-16
a 19. being teased	.65	.76	.76
a 16. not having anyone to play with	.63	.69	.67
a 11. making a mistake	.57	.66	60
a 1. being laughed at	.55	.69	.68
a 7. coming last in a race	.54	.47	.46
a 17. people being nasty to you	.63	.76	.72
a 27. being criticized	.46*	.64	.68
a 4. being left out	.55	.67	.74
a 29. looking silly	.45	.66	.71
a 9. being lonely	.56	.65	.68
a 22. not looking good	.58	.56	.68
31. not having any friends	.49*	.58	.69
3. your teacher being mad at you	.47	.59	.49
23. being late for school	.47	.42	-
30. being blamed unfairly	.49*	.54*	-
12. being hurt	.55*	-	.46*
13. being smacked or hit	.52*	.50*	-
20. being sick	.52*	-	-
28. being stung	.47*	-	-

a=items included in social scale * Less than .20 difference in factor loadings on Factor 1 (Physical Threat) and Factor 2 (Social Threat)

Discussion

The results show that there were no significant differences between children's and adolescent's self-reported social anxiety over the age span of 6 to 16 years on one measure of feared outcomes. This is similar to findings using stimulus items from the FSSC-R, Factor 1 'Fear of Failure and Criticism' (Ollendick, Matson & Helsel, 1985; Ollendick, 1987). Not only did the mean scores on the social scale remain the same across ages but there was also factorial invariance of the items which loaded on the social scale of the CAWS, across ages.

A few individual items did show some age related changes. The items 'making a mistake', 'having no-one to play with' and 'people being nasty to you', changed with age. However these items actually decreased with age. The only item which increased with age was the item, 'not looking good'. This could indicate that fear of negative evaluation stays relatively constant but self consciousness begins to emerge in adolescence and increases with age.

These results seem contradictory to Gullone and King's (1992) findings of differences among ages in Factor 1 'Fear of Failure and Criticism'. Their results show stimulus items for the younger group of Factor 1 on the FSSC-II related mainly to school while for the older group the factor also included more social relations items such as 'my parents criticising me' and 'losing my friends'. The results of the present study do not confirm this. The item 'your teacher being mad at you' on the CAWS loaded for all three age groups on Factor 2, the social threat factor, as did the items 'being criticised', 'not having any friends' and 'being lonely'. These findings seem to suggest that social relations are important to younger children as well as to older children and adolescents.

The results are also dissimilar to Wenar (1990) who maintained that concerns over popularity and

having friends increased in adolescence. This study showed a constant concern over the age range of not having any friends and in fact being left out was the most common item endorsed by all the age groups. Self-consciousness measured by the item, worry about looking foolish, did not change with age, but worry about not looking good did.

Consistent with other findings with children, girls reported more worries than boys overall (Bamber, 1974; King et al., 1989; Ollendick, Matson & Helsel, 1985; Simon & Ward, 1982). This is similar to Lovibond and Rapee's (1992) results in Study 3 showing that adult females expressed more social concerns than males. However whether the fact that girls report more social anxiety than boys means they are experiencing more anxiety or are just more willing to report it, is still an unresolved question.

This study is limited because only one measure of social anxiety was used. This could mean that stimulus measures more than outcome measures show an age difference or it could be possible that social anxiety does not change with age. More research on this question is therefore needed. If it is true that young children are just as socially anxious as adolescents, this has implications both for curriculum in schools and as normative data for diagnosis of childhood anxiety disorders. The results suggest that teachers and counsellors should recognise there is a possibility that even young children are socially anxious. Teachers in primary schools need to be aware that young children are worried about not having friends, being left out and looking foolish. As it has been shown that anxious children show impairment in peer relations and in levels of attention and school performance (Strauss, Frame & Forehand, 1987), programs in guidance and counselling are needed in schools for those children identified as being socially anxious. For the severely shy child, professional intervention could be necessary, so that the pattern of avoidance is not entrenched and does not lead to potential disabling adult anxiety disorders.

References

Angelino, AC., Dollins, J., & Mech, E.V. (1956). Trends in the 'fears and worries' of school children. *Journal of Genetic Psychology*, 89, 263-267.

Anderson, J.C, Williams, S., McGee, R., & Silva, E.A. (1987). DSM-III disorders in preadolescent children: Prevalence in a large sample from the general population. *Archives of General Psychiatry*, 44, 69-76.

Arrindel, W.A., Emmelkamp, E.M.G., & van der Ende, J. (1984). Phobic dimensions: Reliability and generalizability across samples, gender, and nations. *Advanced Behavior Research and Therapy*, 6, 207-254.

Bamber, J.H. (1974). The fears of adolescents. *Journal of Genetic Psychology*, 125, 127-140.

Beck, A.T., & Clark, D.A (1988). Anxiety and depression: An information processing perspective. *Anxiety Research*, 1**,** 23-36.

Campbell, M.A, & Rapee, R.M. (1994). The nature of feared outcome representations in children. *Journal of Abnormal Child Psychology*, 22, 99-111.

Cohen, P., & Brook, J.S. (1987). Family factors related to the persistence of psychopathology in childhood and adolescence. *Psychiatry*, 50, 332-345.

Croake, J.W. (1969). Fears of children. *Human Development*, 12, 239-247.

Ferrari, M. (1986). Fears and phobias in childhood: Some clinical and developmental considerations. *Child Psychiatry and Human Development*, 17, 75-87.

Gittleman, R (1985). Anxiety disorders in children. In B.B. Lahey & A.E. Kazdin (Eds.), *Advances in*

Clinical Child Psychology, 8, New York Plenum, 53-79.

Gullone, E. (1992). *What do we know about children's fears that we didn't know one hundred years ago?* Paper presented at the Fourth World Congress on Behaviour Therapy, Brisbane.

Gullone, E., & King, N.J. (1992). Psychometric evaluation of a Revised fear survey schedule for children and adolescents. *Journal of Child Psychology and Psychiatry*, 33, 987-998.

Kagan, L., Reznick, J.S., & Gibbons, J. (1989). Inhibited and uninhibited types of children. *Child Development*, 60, 838-845

Kagan, J., Reznick, J.S., Clarke, C., Snidman, N., & Garcia-Coll, C. (1984). Behavioral inhibition to the unfamiliar. *Child Development*, 55, 2212-2225.

Kashani, J.H., Dandoy, A.C., & Orvaschel, H. (1991). Current perspectives on anxiety disorders in children and adolescents: An overview. *Comprehensive Psychiatry*, 32, 481-495.

Kashani, J.H., & Orvaschel, H. (1990). A community study of anxiety in children and adolescents. *American Journal of Psychiatry*, 147, 313-318.

King, N.L., Gullone, E., & Stafford, C. (1990). Fears in visually impaired and normally sighted children and adolescents. *Journal of School Psychology*, 28, 225-231.

King, N.J., Gullone, E., & Tonge, RJ. (1991). Childhood fears and anxiety disorders. *Behaviour Change*, 8, 124-135.

King, N.J., Mulhall, J., & Gullone, E. (1989). Fears in hearing-impaired and normally hearing children and adolescents. *Behaviour Research and Therapy*, 27, 577-580.

King, N.J., OIlier, K., Iacuone, R., Schuster, S., Bays, K., Gullone, E., & Ollendick, T.H., (1989). Fears of children and adolescents: A cross-sectional Australian study using the Revised-Fear Survey Schedule for children. *Journal of Child Psychology and Psychiatry*, 30, 775-784.

La Greca, A.M., Dandes, S.K., Wick, P., Shaw, K., & Stone, W.L. (1988). Development of the Social Anxiety Scale for Children: Reliability and concurrent validity. *Journal of Clinical Child Psychology*, 17, 84-91.

Lang, P.J. (1979). A bio-informational theory of emotional imagery. *Psychophysiology*, 16, 495- 511.

Lovibond, E.E, & Rapee, R.M. (1993). The representation of feared outcomes. *Behaviour Research and Therapy*, 31, 595-608.

Manosevitz, M., & Lanyon, R.L (1965). Fear Survey Schedule: A normative study. *Psychological Reports*, 17, 699-703.

Marks, L.M., & Gelder, M.G. (1966). Different ages of onset in varieties of phobias. *American Journal of Psychiatry*, 123, 218-221.

Myers, J.K., Weissman, M.M., Tischler, G.L., Holzer, C.E., Leaf, P.J., Orvaschel, H., Anthony, J.C, Boyd, J.H., Burke, J.D., Kramer, M., & Stoltzman, R. (1984). Six-month prevalence of psychiatric disorders in three communities. *Archives of General Psychiatry*, 41, 959-967.

Ollendick, T.H. (1983). Reliability and validity of the revised fear survey schedule for children (FSSC-R).

Behaviour Research and Therapy, 21, 685-692.
Ollendick TH. (1987). The Fear Survey Schedule for children -Revised. In M. Hersen, and A.S.Bellack (Eds.), *Dictionary of Behavioral Assessment Techniques.* New York: Pergamon.

Ollendick, T.H., King, N.J., & Frary, R.B. (1989). Fears in children and adolescents: Reliability and generalizability across gender, age and nationality. *Behaviour Research and Therapy,* 27, 19-26.

Ollendick, TH., Matson, J.L, & Helsel, W.J. (1985). Fears in children and adolescents: Normative data. *Behaviour Research and Therapy*, 23, 465-467.

Regier, D.A., Myers, J.K., Kramer, M., Robins, L.N., Blazer, D.G., Hough, R.L, Eaton, W.W., & Locke, B.Z. (1984). The NIMH epidemiological catchment area program: Historical context, major objectives, and study population characteristics. *Archives of General Psychiatry,* 41, 934-941.

Rothstein, W., & Boblitt, W.E. (1970). Expressed fears of psychiatric inpatients. *Journal of Clinical Psychology,* 19, 277-279.

Scherer, M.W., & Nakamura, C.Y. (1968). A Fear survey schedule for children (FSS-FC): A factor analytic comparison with manifest anxiety (CMAS). *Behaviour Research and Therapy,* 6, 173-182.

Shepherd, M., Oppenheim, B., & Mitchell, S. (1971). *Childhood behavior and mental health.* London: University Press.

Simon, A., & Ward, L.O. (1974). Variables influencing the sources, frequency and intensity of worry in secondary school pupils. *British Journal of Social and Clinical Psychology,* 13, 391-396.

Slee, E.T., & Cross, D.G. (1989). Living in the nuclear age: An Australian study of children's and adolescent's fears. *Child Psychiatry and Human Development,* 19, 270-278.

Stattin, H. (1984). Developmental trends in the appraisal of anxiety-provoking situations. *Journal of Personality,* 52, 46-57.

Stattin, H., Magnusson, D., Olah, A., Kassin, H., & Reddy, N.Y. (1991). Perception of threatening consequences of anxiety-provoking situations. *Anxiety Research,* 4, 141-166.

Strauss, C.C., Frame, C.L., & Forehand, R. (1987). Psychosocial impairment associated with anxiety in children. *Journal of Clinical Child Psychology,* 16, 235-239.

Strauss, C.C., & Last, CG. (1993). Social and simple phobias in children. *Journal of Anxiety disorders,* 7, 141-152.

Wenar, C. (1990). Childhood fears and phobias. In M. Lewis and S.M. Miller (Eds.), *Handbook of Developmental Psychopathology.* New York: Plenum.

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